

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILLED NOV 5 1941

Registration District No. 5-66

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-7-6-2

State File No. 35543

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town RURAL - OHIO - I.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 MI. E. OF WYATT, MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 WEEKS years, months or days

3. (a) PRINT FULL NAME

MAGGIE DAVIS

3. (b) If veteran,

name war X X X

3. (c) Social Security

No. X X X

4. 3 FEMALE

5. Color or race COL.

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SANDY DAVIS

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased August (Month) 4 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>2</u>	<u>2</u>	hr. min.

9. Birthplace MARIANNA / ARKANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

12. Name BILLY BROOKS

13. Birthplace UNKNOWN / ARKANSAS
(City, town, or county) (State or foreign country)

14. Maiden name FANNIE

15. Birthplace UNKNOWN / UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant SOLMON DAVIS

(b) Address WYATT MO

17. (a) BURIAL (b) Date thereof 10-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GILL, ARKANSAS

18. (a) Signature of funeral director John P. Hume

(b) Address Clinton, Mo

19. (a) 10-8-41 (b) F. D. Vernon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ARKANSAS (b) County LEE
(c) City or town MARIANNA
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. #2 Box 94
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 6 year 1941 hour 2 minute 8 P. M.

21. I hereby certify that I attended the deceased from Sept 20 1941, to Oct 6 1941; that I last saw her alive on Oct 4 1941; and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 3 mo.
Due to Hypertension 2 yrs.
Due to _____

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations ✓
Of autopsy ✓
PHYSICIAN ✓
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

While at work? ✓ (Specify type of place) (e) Means of injury CMO
23. Signature St. Baur (M. D. or other)
Address Clinton Mo. Date signed 10/8/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 1141-1475

Date Filed 11/3/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

E. E. Quinlan

Licensed Embalmer No. 4164

P. O. Address Charleston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.